				CT.	AV/A	I ARI		MOV	(K)	
· ·	N 1 4 4 5 6 7 3 7 1 1		163		W X ()	TO PERSON	çQş	Ap	plication	or Do	cket Numb	er
	PATENT A	PPLICATIO	N FEE DE			N RECO	RD		OOZ	2	329	
(e e s	1 2 2 2 4 80 400 V	CLAIMS AS	FILED	PART I	35350	115625. D	124	MALL EN	(5)(Z,3),5,7 (/\\?\\\	OTHER	
	a e e e e e e e e e e e e e e e e e e e					nn 2)		YPE / [OR 1	SMALL E	
TOTAL CLAIMS			27				3.5	RATE :	FEE		RATE :	FEE
FO		in many	NUMBER	FILED	NUMBE	R EXTRA	33	BASIC FEE	370.00	OR	ASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			27 minus 20=			1.4	X\$ 9=	63	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 o			1	X42=	1175	i > c	X84=	FUELS FO	
MULTIPLE DEPENDENT CLAIM PRESENT										OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280='	right to the s
, #	the difference	in column 1 is	less than ze	ero, enter	70" in co	olumn 2		TOTAL	476	OR	TOTAL	(2007/25)
1	1	Column 1)				(Column 3)	A.5%	SMALL E	ATITY.	OR,	OTHER SMALL E	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	'ADDI-' TIONAL FEE
	Total	. 27	Minus	**	27	.0	1	X\$ 9=		ÓR	X\$18=	
NO P	Independent	• 4:	Minus	***	4	- 0		X42= ^	٠٠.	OR	X84=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							·				
							: -	+140=j:		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3	1					
MENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	•	Minus	**		-		X\$ 9=	·	OR	X\$18=	
AMEND	Independent	*	Minus	***		8		X42=		OR	X84=	
[FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM]		14	ā.		· 201 -
								+140=		OR	+280= YOYAL	
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		(Column 1)	4.00		mn 2)	(Column 3)					
υĘ		CLAIMS REMAINING AFTER		NUA	REST ABER KOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL

		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
OZ OZ	Total	•	Minus	**						
ě	Independent	•	Minus	***	•					
15	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									

X\$18= X\$ 9= OR X84= X42= OR +280= +140= OR OR ADDIT. FEE ٠.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.